

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 573764

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		-		
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28	/	2	-	/		
29	/	/	-	/		
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33	/		/			
34	/		/			
35	/	2	/	/		
36	/	/	/	/		
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40	/		/			
41		2	/	/		
42		2	/	/		
43	/	/	/	/		
44	/		/			
45		2	/	/		
46		/	/	/		
47		2	/	/		
48	/	/	/	/		
49	/		/			
50		/	/	/		
TOTAL IND.		↓	12	↓		↓
TOTAL DEP.		←	13	←		←
TOTAL CLAIMS			25			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						